

*For Office Use Only:
Profile No: _____

Contract Compliance Form
Reporting Compliance with D.C. Law 14-24, Mayor's Order 83-265, and D.C. Law 5-93
First Source Employment Agreement

Instructions:

To be completed by the employer and submitted on the 10th of each month until completion of the project.
Forward to:

Department of Employment Services (DOES)
609 H Street, N.E., Room 431
Washington, D.C. 20002
Telephone: (202) 698-5772 Fax: (202) 698-5717
Website: www.does.dc.gov

Reporting Period: _____, 20

Name of Firm: _____

Address: _____

Contact Person: _____ E-mail: _____

Title: _____ Telephone Number: _____

Employer Federal Identification Number: _____

Contract/Loan Number: _____

Project Location: _____

Project Start Date: _____ Project End Date _____

Contracting/Lending Agency: _____

I. Vacancies, Referrals and Hires

Please provide monthly and cumulative statistics for the number of jobs created, referrals made, and hires.

	This Month	Cumulative
Number of Vacancies Currently Available		
Number of Vacancies Listed with DOES		
Total Number of Hires		
Number of District Residents Hired		
Number of DOES Referrals Hired		
Number of Current Employees Transferred to Work on Project		
Referrals Made by Other Sources		
DOES Referrals Made		

II. New Hires This Month

List the name, social security number, job title, hire date and place of residence for all new hires. Referral sources are (1) DOES and (2) Other Referral Sources (specify).

[illegible]

III. Current Workforce This Month

List the name, social security number, address, job title and hire date of all current employees transferred to work on the project this month.

NAME	SSN	ADDRESS	JOB TITLE	HIRE DATE

IV. Laid-Off Employees This Month

List the name, social security number, address, job title and hire date for all laid-off employees recalled to work on the project this month.

NAME	SSN	ADDRESS	JOB TITLE	HIRE DATE

V. Terminations This Month

List the names, of all employees employed on the project that were terminated and/or resigned during this reporting period.

NAME	SSN	JOB TITLE	TERMINATION DATE	PLACE OF RESIDENCE

VI. Indicate whether your firm is:

1. A Certified Local Small Disadvantaged Business: YES? NO ☐

If yes, certification number:

2. A non-certified Local Small Disadvantaged Business: YES ☐ NO ☐

VII. Do you have a registered Apprenticeship program with the D.C. Apprenticeship Council?
☐ YES ☐ NO

If yes, D.C. Apprenticeship Council Registration Number:

VIII. Subcontractor

Indicate whether your firm is a subcontractor on this project: ? YES ☐ NO

If yes, specify Prime Contractor:

IX. Comments:

Describe any problems you have experienced in meeting your job creation projections in implementing the First Source Employment Agreement.

Signature

Date